

Shaping the Future of EMS in California

INTEGRATE PREVENTION ACTIVITIES INTO EMS VISION SUBCOMMITTEE #4

GOAL

To reduce injury and illness for the residents of California through the active involvement of the EMS community in prevention activities.

California emergency medical services needs a comprehensive prevention program with the following components:

Leadership as a coordinated effort of State and local EMS, with participation by EMS constituents.

Increased and stable funding for prevention programs.

Ready access to an integrated data base linked with other data systems focused on prevention.

An organized process for prevention activities, including needs assessment, intervention, and evaluation.

The value of active participation in prevention programs supported in statute.

Prevention as an integral function of all EMS activities from basic education to administration.

Expertise in injury and illness prevention that is highly regarded and recognized as part of a progressive EMS system.

Specific prevention activities based on the identified needs of the target areas or populations.

While injury prevention activities may predominate, programs may also focus on activities to prevent illness and might include steps to promote safety and wellness in the EMS workplace.

BACKGROUND AND EXAMPLES:

Injury has been documented as the third leading cause of death and disability in all age groups and accounts for more years of potential life lost than any other health problem.¹ The medical care of preventable injury and illness continues to consume most of our health care dollars. As costs continue to rise and the potential for diminishing quality of life increases, new resources are being called upon to prevent injury and illness. In the National Highway Traffic Safety

¹Baker, SP, O'Neil B, Ginsberg MI, Guohuz L, The Injury Fact Book 2nd ed. New York, Oxford University Press, 1992.

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Administration document *EMS Agenda for the Future*, Theodore R. Delbridge MD., MPH states:

“In the future, the success of EMS systems will be measured not only by the outcomes of their treatments, but also by the results of their prevention efforts. Its expertise, resources, and positions in communities and the health care system make EMS an ideal candidate to serve linchpin roles during multi-disciplinary, community-wide prevention initiatives. EMS must seize such responsibility and profoundly enhance its positive effects on community health.”

In addition, in its document “Strategic Plan for Injury Prevention and Control in California (1993-1997)”, The State Injury Control Advisory Task Force--a group consisting of representatives of federal, state and local government and private agencies and interests --recommended California EMS continue their prevention efforts and partner with other agencies.

Recognizing the value and potential for the EMS provider to conduct primary injury and illness prevention activities is the first step. The EMS provider possesses a personal commitment to treating illness and injury and has a high degree of visibility and credibility within the community. The proximity of the EMS provider to events enables EMS personnel to evaluate hazards and risks as well as suggest environmental changes. Data collection--essential to successful prevention programs--is already a function of their everyday practice.

There are multiple examples of excellent EMS prevention programs that have been developed throughout the state. In some cases federal grant dollars (passed through State agencies) have been used to initially fund them. Some of the types of successful prevention programs that have been (or still are) conducted by California EMS personnel are:

- Transportation-related injury prevention; e.g., pedestrian, bike, and car seat safety, including helmet give-aways;
- Alcohol- and drug-related injury prevention and violence prevention, including DUI, domestic violence and school violence;
- Drowning prevention, including home pools and spas, and open water safety (lakes, ocean, rivers, canals, etc.);
- Home safety, including fire prevention, poison prevention, and environmental risks for older residents;
- Illness prevention, including heart disease and stroke identification; and
- First Aid and CPR training programs for the public.

However, in many instances there is not widespread awareness of these efforts, due to the lack of well-defined communication forums. EMS prevention efforts may not include easy access to a database that will enable needs assessment and facilitate evaluation of program effectiveness. Incentives for employing agencies to incorporate prevention activities into the role of the EMS providers are missing. Some prevention efforts are duplicative and lack coordination and community input. The continuation of a successful program may be dependent on individuals who assume a leadership role without the necessary support or encouragement.

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The potential for emergency medical services professionals to become involved in injury and illness prevention is enormous. Fire prevention activities in the form of safety inspections and education programs have long been widely-established throughout California fire service, as have traffic safety programs among law enforcement personnel. Similarly, injury and illness prevention programs could become an integral function of EMS and EMS providers, both public and private, who work in collaboration with other agencies and health care providers. Home safety inspections that evaluate the risk of falls, poisoning, pool safety and other hazards could be built into EMS programs. Partnering with schools to deliver pedestrian and bike safety programs offers opportunities for both educators and EMS providers. Helmet and seat belt programs are currently available but lack adequate manpower in many communities.

Opportunities abound for EMS to become involved in prevention. As we continue to decrease morbidity and mortality through improved diagnosis, treatment, and health care delivery systems, we must also focus on prevention if we are to continue to meet the goal of reducing illness and injury.

FINDINGS

Finding # 1

Need: Leadership championed at the State level by the EMS Authority (EMSA) with coordinated active involvement of local EMS agencies and system participants.

Task Statements

There will be a program of policy and legislative advocacy to develop support for EMS prevention activities.

The EMSA will coordinate and communicate activities with other government agencies at the federal, State, and local levels.

There will be a strategic plan developed, evaluated, and based on identified needs and broad-based community input.

The EMSA will become a resource for local or regional EMS systems.

Implementation Recommendations

Establish a permanent position at the EMSA dedicated to EMS prevention activities statewide.

Expand the local EMS leadership role in the coordination of prevention activities based on community needs.

Revise the EMS Systems Guidelines to include a greater emphasis on prevention activities by the EMSA and local EMS agencies.

Include prevention activities in the State Strategic Plan and in local EMS plans.

Responsible Agency(ies)/Individual(s)

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EMS Authority
Local EMS Agencies

Finding # 2

Need: Increase permanent funding for EMS prevention activities.

Task Statements

Stable funding sources for prevention activities will need to be identified and developed by the EMSA.

The EMSA will work with the local EMS agencies to secure adequate funding for LEMSAs to conduct prevention activities and services that result in measurable and beneficial outcomes and that can be promoted and shared with other local EMS agencies for use in their prevention programs.

Funding will be sought for existing statewide programs which maintain a validated and efficient focus on prevention.

Implementation Recommendations

Secure federal, State, and/or private funding sources to support currently-successful EMS prevention-related activities, including the statewide poison control system and community disaster preparedness, as well as to support new programs.

Undertake legislative advocacy to develop federal and State programs that include adequate funding.

Seek alternate funding sources through partnerships with private industry, foundations, and other sources.

Responsible Agency(ies)/Individuals(s)

EMS Authority
Local EMS Agencies

Finding # 3

Need: Policy and legislation that promotes the development of effective prevention activities.

Task Statement

EMS constituent groups will advocate for passing legislation that will foster the continued development of prevention activities; the EMS Authority will develop policy based on newly-implemented legislation.

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Implementation Recommendations

Support appropriate legislation to facilitate the development of prevention activities suitable for involvement by EMS systems.

Collaborate with other government agencies and private entities to develop policy and legislation to maximize potential benefit to the public.

Responsible Agency(ies)/Individuals(s)

EMS Authority

EMS Constituent Groups/Related Agencies

Local EMS Agencies

Finding # 4

Need: An effective process for development and evaluation of prevention programs.

Task Statement

Prevention programs should be developed based on proven strategies borrowing from public health and fire service models. These programs would include elements of community needs assessment, intervention, and evaluation.

Implementation Recommendations

Partner with appropriate public and private agencies to share resources, deliver programs, and identify successful endeavors.

Include, when appropriate, an element of prevention in quality improvement activities.

Share information at statewide conferences to foster collaboration.

Provide technical expertise through the resources of the EMSA to foster the development of local programs.

Responsible Agency(ies)/Individuals(s)

EMS Authority

Local EMS Agencies

EMS Providers

Finding # 5

Need: An integrated data base linked to other statewide systems focused on prevention.

Task Statements

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The EMS Authority will maintain a comprehensive data base
Data would be readily accessible, collected by regional identifiers, and free to users.
The EMSA and LEMSA will provide linkage to existing hospital, pre-hospital, and other local agencies' data, including dispatch, medical examiner/coroner, law enforcement, and community health departments to identify community health indicators.
Existing statewide data bases such as those maintained by the Office of Statewide Health Planning and Development (OSHPD), the California Highway Patrol (Statewide Integrated Traffic Records System--SWITRS), the Department of Health Services (Emergency Preparedness and Injury Control--EPIC), and the EMS Authority, would be centralized with probabilistic linkages and be more readily-accessible to LEMSAs.

Implementation Recommendations

Develop and maintain a standardized EMS data base that is readily-available to the local EMS agencies.
Create linkages to existing hospital, pre-hospital and other local agencies including dispatch, coroner, law enforcement and community health indicators.
Link statewide data bases such as OSHPD, SWITRS, and EPIC and eventually link them to the EMS data base.

Responsible Agency(ies)/Individuals(s)

EMS Authority
Local EMS Agencies
EMS Providers

Finding # 6

Need: Greater awareness of and increased participation by all EMS system participants in injury and illness prevention.

Task Statements

Principles of injury and illness prevention will be included in basic education for every level of EMS and fire service personnel.
The roles and responsibilities of EMS and fire providers will be defined as they relate to injury and illness prevention.
Employers will provide motivation, opportunity, and acknowledgment of individuals who choose to focus on prevention activities as a career path in EMS.

Implementation Recommendations

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Include in the basic curriculum for every provider an awareness of the importance of injury and illness prevention, and teach relevant skills necessary for prevention activities.

Promote increased involvement of prevention activities at educational conferences through poster presentation, lecture, and demonstration project reports.

Increase availability of EMS continuing education credits at conferences and courses with prevention related content.

Develop career paths for prevention “specialists”. Acknowledge and reward those who seek experiences in prevention activities through employer-based incentives.

Promote and share successful programs, spotlighting them in funding requests as examples of what can be accomplished.

Include prevention activities as a component of the basic and advanced life support student’s internship.

Responsible Agency(ies)/Individuals(s)

EMS educators and conference committees

EMS providers/employing agencies

State Fire Marshal’s Office

Finding # 7

Need: An increased focus on injury and illness prevention in the EMS workplace among employers and employees. Accessible wellness programs for all system participants.

Task Statements

Work-safety awareness and on-the-job injury and illness prevention activities will be expanded in the workplace.

Ongoing efforts will be made to reduce job-related disability due to illness, physical disability and stress-related conditions for EMS providers.

Implementation Recommendations

Identify hazards specific to working in the EMS environment and develop and implement programs designed to reduce workplace injury and illness.

Develop focused prevention programs for the workplace based on identified need and industry experience. For example, programs that focus on eliminating needle stick injury, reduction in latex exposure, safe lifting techniques, personal safety at a potentially violent scene, and critical incident stress debriefing.

Develop wellness programs as a part of employee benefit packages.

Responsible Agency(ies)/Individuals(s)

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EMS employers
EMS workers